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EPIDEMIOLOGY

No. 300



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REGIONAL HEALTH MINISTERS' MEET ENDS IN DACCA

Dacca THE BANGLADESH OBSERVER in English 24 Sep 82 pp 1, 8

[Text] The second Health Ministers' meeting of the World Health Organisation South-East Asia region ended in Dacca on Thursday reiterating their commitment to achieve the goal of health for all by the year 2000, using primary health care as the key approach, reports BSS.

Attended by six Ministers and representatives of the 11 regional countries the meeting in a resolution called upon all member countries to translate the commitment into appropriate strategies and plans of action.

It also decided to hold the third health ministers meeting of the region in Kathmandu following the 36th session of the regional committee.

Highlighting the success of the meeting, the Health and Population Control Minister Major General M. Shamsul Haq said in his concluding statement that the three-day meeting of the regional Health Ministers has been "a great success and very rewarding in many ways".

Major General Haq, who was the Chairman for the second Ministerial meeting also observed that the problems and difficulties are in most cases similar in the countries of the region and such gatherings by exchanging each others' views could derive substantial benefits.

Adopting a number of resolutions the meeting underscored the importance of population stabilization in the context of socio-economic development attainment of full productive potential and the improvement of quality of life.

The Health Ministers' meeting followed the 35th regional committee meeting of the WHO South-East Asia region which ended in Dacca on September 20.

In their three-day deliberations the Ministers urged all member states to make further efforts in the pursuit of the

goal of health for all and take steps to improve and strengthen the existing spirit of co-operation among member states.

Attended by the Health Ministers of India, Indonesia, Maldives, Mongolia, Nepal, Bangladesh and others by their representatives the meeting also reviewed the developments that had taken place since their first meeting in Jakarta in September last year. Considering the economic, social and health conditions generally prevailing in the countries of the region the meeting felt that the availability of trained manpower at all levels was a matter of priority concern. It however, decided to develop the programme of health man

power training, diarrhoeal disease control and immunisation and called upon the governments to earmark funds for the programme.

The second Ministerial meeting also called upon the international agencies including the World Health Organisation (WHO) to give greater stress on the mobilisation of resources for the Technical Cooperation for Developing Countries (TCDC) efforts in health development.

It was also agreed that the member states would pursue vigorously the outcome of the second Health Ministers' meeting at national level by taking time-bound action.

BRIEFS

DIARRHEA IN JESSORE--Fifty-seven persons died of strong diarrhoea in this district during last one month. Unofficial sources claimed that the number of deaths would exceed 100. Reports from remote areas of the district said diarrhoea has broken out in 10 police stations of the district in an epidemic form and more than 200 people have been attacked in last one month. Keshabpur, Sailkupa and Kotwali police stations of the district are the most affected areas. The civil surgeon of the district confirmed that 28 persons died of diarrhoea in Keshabpur thana. The death toll in other thanas: Kotwali 8, Monirampur 9, Magura 1, Sreepur 1, Sailkupa 6 and Kaliganj 1. In Jhenidah subdivision, 90 persons were attacked by diarrhoea but no fatal case was reported, according to official version. The civil surgeon of the district said that diarrhoea spread due to malnutrition and polluted water. With the outbreak of diarrhoea 'saline', an essential support for its treatment has become scarce in the district. [Text] [Dacca THE NEW NATION in English 21 Sep 82 p 1]

DIARRHEA IN PABNA--Pabna, Sept 24--Twenty-one persons died of strong diarrhoea in Pabna Sadar, Sujanagar, Isnurdi, Chatmoher of Pabna Sadar subdivision during last five days. This was told by a source close to Pabna Health Department. Reports teaching Pabna say diarrhoeal diseases have broken out in epidemic form in Bagchidangi, Ariagohabbari, Gohalbari, Daspara, Tatipart and Khokshabaria of Chartarapur Union Parishad under Pabna thana; Sujanagar and Sagarkandi Union of Sujanagar thana and Parshadanga, Fatjana under Chatmohar thana. Civil Surgeon, Pabna, when contacted on Wednesday, told this correspondent that six people died of diarrhoeal diseases in two villages of Chartarapur Union and other areas of Pabna Sadar thana during last few days. [Text] [Dacca THE NEW NATION in English 25 Sep 82 p 1]

CSO: 5400/7016

BRIEFS

LEPTOSPIROSIS DEATHS--Official statistics show that there have been some six deaths to date this year caused by the dreaded disease leptospirosis. The Ministry of Health in its weekly report of notifiable diseases said that there have been some 37 cases of the diseases up to the end of August. Local health authorities have in recent times been warning of the seriousness of leptospirosis which is caused by rats. There have been some 24 cases of malnutrition reported in children up to four-years old but there have been no reported deaths. However, there has been one reported death so far this year as a result of gastroenteritis of which there have been some 96 cases to date for this year. The health authorities have said that there were some four cases during the past week. [Bridgetown ADVOCATE-NEWS in English 9 Sep 82 p 1]

CSO: 5400/7501

HEALTH OFFICIALS TAKE ACTION AGAINST AEDES AEGYPTI

Hamilton THE ROYAL GAZETTE in English 15 Sep 82 p 1

[Excerpt]

The Public Health Department yesterday sprayed with insecticide the freight shed at the Civil Air Terminal in which eggs of mosquitoes which are potential carriers of dengue and yellow fevers were found.

And as part of its plan to eradicate all trace of the mosquito — *Aedes Aegypti* — the Health Department is now spraying all freight containers arriving here from the general area of the tropics.

Eggs of the mosquito were found last week in special traps set in a freight shed at the Airport. It is the first time in 30 years that the mosquito has been recorded on the Island.

"We can't prove it, but we suspect that the mosquito may have come in a freight container," said Chief Medical Officer Dr. John Gourlay last night.

He added that as a result the freight shed in question was sprayed yesterday with the insecticide Pyrethrin, which would instantly kill any mosquitoes in the building.

He added that cargo arriving from the tropics — between the latitudes of 30 degrees north and 30 degrees south — would also now be sprayed until the Health Department is sure there are no other similar mosquitoes present in the Island.

All airplanes arriving from areas within the tropics are currently sprayed with insecticide on arrival in Bermuda — a policy that has been carried out for a number of years to prevent the importation of mosquitoes.

"We are taking every precaution to prevent the spread of the mosquito, and will continue to do so until we are absolutely sure there is no evidence of it," said Dr. Gourlay, adding that no more mosquitoes or eggs have been discovered.

CSO: 5400/7501

HEALTH TEAM VISITS SISTER ISLANDS TO ASSESS SERVICES

St Georges FREE WEST INDIAN in English 11 Sep 82 p 7

[Text]

An eight-man delegation from the Ministry of Health, headed by Health Minister Christopher De Riggs, visited several health facilities in the sister isles of Carriacou and Petit Martinique, on Wednesday.

Visited were the Princess Royal Hospital, the Hillsborough, Mt. Pleasant, Belle Vue South and Windward visiting stations in Carriacou, and the Health Centre now being constructed in Petit Martinique.

The delegation talked with the staff at the various institutions on problems they faced and also on plans for the development of health care on the islands.

Min. De Riggs said that immediate attention will be given to rewiring the Princess Royal Hospital, repairing the hospital roof and re-constructing the Hillsborough Health Centre to

provide more services and a more integrated approach to health care.

He said the trip was useful to the health officials, since it gave them an opportunity to become familiar with health facilities in the sister isle and to establish relations with health personnel.

He also noted that the visit to Petit Martinique helped the delegation to appreciate the problems responsible for the delay in completing the health centre, and to set deadlines for outstanding areas of work to be completed.

The centre, which is jointly financed by the People's Revolutionary Government and the European Development Fund, is expected to be completed and officially opened by the end of this month.

Minister of Construction and Public Utilities, Hudson Austin and Minis-

try of Construction engineer Oliver Bullen, accompanied the Health delegation and gave them technical advice on a number of issues which came up for examination.

The visit was another in a series organised by the Ministry of Health in an effort to become acquainted with the out-districts. Already, visits have been made

to health facilities in the parishes of St. Andrew's, St. Patrick's and St. John's.

Secretary for Carriacou and Petit Martinique Affairs George Prime, also accompanied the delegation, which included Secretary for Health, Dr. Bernard Gittens and Permanent Secretary, Dorcas Braveboy.

CSO: 5400/7593

GUATEMALA

INCREASED INCIDENCE OF MALARIA REPORTED

Guatemala PRENSA LIBRE in Spanish 13 Sep 82 p 6]

[Article by Edgar Octavio Giron Castillo: "Malaria Cases Increase on the Southern Coast"]

[Text] Anti-malaria teams work without being able to check the disease. Coatepeque--The number of positive cases of paludism or malaria on the southern coast is alarming, inasmuch as up to the end of last year statistics indicated that more than 50,000 persons were sick with this disease; and, that as far as the present year goes, this number could increase considerably.

It was reported that this data pertains to the area that goes from Escuintla to the Mexican border; that is, the entire southern coast, with the greatest incidence of cases having been observed in Champerico and Ocos.

It was learned that the National Malaria Eradication Service (SNEM) has been endeavoring to treat those afflicted with malaria. It is also engaged in endeavoring to control the area, that is, to control the vector, the anopheles mosquito, detected in Ocos, San Marcos, Champerico, and Retalhuleu.

The Dengue Vector Has Decreased

With regard to another matter, but still in connection with SNEM's work on the southern coast, it has been established that, especially in that area, the *Aedes aegypti* mosquito, the vector of dengue and yellow fever, has decreased considerably.

Anti-*Aedes aegypti* teams are working to localize vector breeding places in order to eliminate the vector. It was reported that recently this mosquito has been vanishing, thanks to the fight conducted by SNEM teams.

8255

CSO: 5400/2000

BRIEFS

MALARIA ERADICATION CAMPAIGN--There is not enough money to eradicate malaria. The Ministry of Public Health and Social Assistance, through the Division of Vector Control, is carrying out a comprehensive campaign against malaria in the department of Choluteca, according to Carlos Pineda, chief of that department. The campaign consists of supplying medicine to 49,000 inhabitants of that sector every 2 weeks, which has resulted in an 80 percent reduction in the disease. The program is being carried out at a cost of 500,000 lempiras through fumigation of the 9,000 dwellings in Choluteca. Also, an eradication campaign is being carried out throughout the entire country, at a cost of 3,500,000 lempiras, which will cover approximately 220,000 homes. The above represents 40 percent of what should be done in the entire country but lamentably, because of budget problems, complete coverage is not possible, added Pineda. On the other hand, the Division of Vector Control recently substantially reduced its fuel consumption, since in 1977 alone 56,000 gallons were used in 20 vehicles, 4 of them motorcycles, and 5 stationary motors. In 1982 that branch will consume 39,000 gallons in 32 automobiles and an equal number of other units, concluded Pineda. [Text] [Tegucigalpa LA TRIBUNA in Spanish 20 Aug 82 p 2] 8255

TUBERCULOSIS AMONG INDIANS--The native tribes of Yoro are being afflicted with tuberculosis, according to clinical analyses results. Humberto Macedo, administrator of the Manuel de Jesus Subirana Hospital, in the town of Yoro, stated that a medical team went to where the natives live in order to offer help. Macedo said that more than 50 samples of sputum were collected from among the Indians of Montana de La Flor, Guare, Coco-Guare, and other places visited during the previous week. The above was confirmed by Raul Chavez, mayor of that capital, who reported that teams had also arrived recently from the United States. Both men were very worried over the situation of the natives, because they realize that tubercular persons die because they do not have suitable diets. It was also stated that the tribes were placed in quarantine, in order to prevent the white plague from spreading. [Text by Humberto Macedo] [Tegucigalpa LA TRIBUNA in Spanish 11 Aug 82 p 3] 8255

DENGUE PREVENTION MEASURES--The fight against hemorrhagic dengue has been resumed. Tegucigalpa--The authorities of the Ministry of Public Health have undertaken additional activities to prevent the entry into the country of hemorrhagic dengue through the use of chemicals that eliminate the transmitter insect of the virus. According to Dr Alberto Guzman, chief of the Department of Epidemiology, there is an 80 percent probability that this disease will penetrate Honduras by way of the Bahia islands, where fumigations are being carried out with Malation and Dieldrin. He also said that additional measures have been taken to control the Aedes aegypti mosquito, transmitter of the disease, in particular in the departments of Atlantida, Cortes, Comayagua, and Olancho, where cases of non hemorrhagic dengue have been reported. Activities directed at preventing the disease and eradicating its transmitter include the destruction of tin cans, old tires, bottles, and other receptacles that might contain water, and this activity must be extended to include courtyards, unoccupied land, and similar places. Also recommended are the periodic washing of laundry basins and frequent changes of water in flower vases and similar articles. [Text] [San Pedro Sula LA PRENSA in Spanish 9 Sep 82 p 18] 8255

CSO: 5400/2221

INDIA

MADRAS FIGHTS UNSUCCESSFULLY AGAINST MALARIA

Madras THE HINDU in English 15 Sep 82 p 12

[Text] It was more than a year ago that the Madras Corporation announced a change of strategy in what was proving to be a losing battle with malaria. Despite spending Rs. 1 crore a year on chemicals and men, it found malaria hardly containable; from a few hundred isolated cases a year during the early 70s, malaria grew to scalp 36,000 persons in 1980 and 42,000 in 1981.

Inspired by a victorious effort in Bombay, which systematically eliminated all the breeding grounds for the mosquito, the Corporation called for the sealing of all wells and overhead tanks in Madras, which it recognised were prime breeding places.

The Tamil Nadu Government, similarly concerned, constituted a task force to devise and coordinate the programme, and at last, it seemed a turning point in the campaign was imminent.

On the increase: However, in July this year the number of malaria cases rose dramatically to 5,600, compared to about 4,000 cases the previous July.

(These figures relate only to malaria patients reporting at the dispensaries of the Corporation. The total malaria count in the city is in fact much higher. Although no one is willing to hazard a guess as to how much higher it is, one pointer is a recent survey in Geroqe Town which found that only 30 out of every 100 malaria patients sought medical attention at a Corporation dispensary.)

The higher numbers this July may have been the product of a more intensive detective effort by the Corporation's health staff, but the message it signalled was clear: malaria is far from being beaten.

Entomologists and public health experts interviewed by THE HINDU are convinced that it has been, as one of them put it, "an operational rather than a technological failure." We have the know-how, said another, but the basic problem is that the mechanism has hardly been put to work.

Authoritatively evidence of the sluggish anti-malarial operation comes in the 1980-81 report of the Comptroller and Auditor-General of India, which was released this month.

Overhead tanks ignored: The report notes, although in the guidelines state that all breeding sources are to be sprayed periodically with larvicide, the Corporation's effort in 1980 fell far short: only 10 per cent of houses and wells in city were sprayed while overhead water tanks were completely ignored.

Again, the report says, while the Government sanctioned recruitment of 91 basic health workers for anti-malarial work in 1979, the posts had not been filled up until June 1981.

Personnel problems have continued to dog the programme. In recent months, the Corporation's manpower had drained further with about 150 sanitary inspectors—persons entrusted with charge of the work in their respective municipal divisions—going to court on the issue of promotions and gaining orders to let them off any anti-malarial work.

The non-cooperation movement of the sanitary inspectors, who play a pivotal role in their divisions, may not have stopped the programme, but experts note that their absence has certainly cut the acceleration out.

Periodic review this week: The Government's task force had also roped in four other agencies in the city—the Slum Clearance Board, the Housing Board, the PWD and Metro-water—to do their bit against malaria and the mosquito menace in general. But when the committee meets later this week for its periodic review of the programme, the news from these agencies too might not be encouraging.

The Slum Clearance Board is in the picture because tenements built for hut dwellers are now major concentrations of malaria, a survey in North Madras recently has shown that the first five months of this year these tenements accounted for between 50 per cent and 75 per cent of all malaria cases in their respective divisions.

Fine breeding places: According to health experts, these tenements buildings have themselves turned fine breeding places for the malaria-carrying anopheles mosquito, the variety that breeds usually in clean but stagnant water.

Atop each of these multi-storeyed buildings are a number of tanks designed to store water for the residents below. However, most of them hardly serve that purpose because their outlet pipes have long been stolen. These tanks now trap and store rain water for as long as the sun will permit them—a period that has often proved to be longer than the time the mosquito takes to breed and multiply.

Cleaning of tanks: Authorities have set themselves the task of having the tanks cleaned periodically, but there are 2,700 tanks in all. And to cap the cleaning staff's misery, many of the tanks were deliberately made inaccessible as a precaution against vandalism.

Metrowater's four sewage treatment plants on the city's periphery offer another set of fertile breeding grounds. Waste water, after treatment, is let to stand on about 280 hectares of marshland where the culex and the aedes varieties—carriers of filaria and dengue fever—proliferate as easily as the para grass.

Entomologists are now speaking of another larger variety plaguing areas near the Koyenbody treatment plant. Its bite is so painful that they are calling it the "tiger" mosquito.

Relief promised: However, Metrowater is promising relief from this nuisance. It is gearing up for a new programme scheduled to start in October, when it will use powered sprayers to saturate the marshlands with larvicide, and it was even recruited five health experts to mastermind it. But it must be noted that earlier attempts have invariably ended with significantly lowering the mosquito density.

The tow rivers, the Coom and the Adyar, and the Buckingham Canal all almost stagnant with their notoriously heavy sewage content and determined sand bars at the river mouths, are again formidable breeding grounds. The only remedy here is to let the sea water in to flush them by cutting the sand bars open with dredgers. There is one dredger at the mouth of the Coom. But it broke down months ago, and a replacement for it is still to be approved.

No permanent solution: The Adyar river was the launching site earlier this year of a large-scale mosquito rampage of Besant Nagar and other localities on its banks, but apart from occasionally digging out small channels through the sand bar to the sea, no permanent solution is being considered for the moment.

Finally, experts say that the blame ought to be shouldered by most private doctors and patients as well. The former rarely report any cases they treat to the Corporation for follow-up action--malaria is a notifiable disease--and patients on their part seldom take the prescribed drugs for all the three days of the treatment. While the symptoms might disappear, the infection remains in the blood, so that the next mosquito bite can retrieve it for further transmission.

CSO: 5400/7001

'VANISHING' ANDAMANS TRIBE PLAGUED BY MALARIA

New Delhi PATRIOT in English 22 Sep 82 p 5

[Text]

Survival of the Onges, a vanishing tribe of little Andamans, hinges on eradication of malaria and intestinal parasitic infections. PTI quotes researchers at the National Institute of Communicable diseases in New Delhi.

Prevalence of intestinal protozoan infection among two tribal populations namely Nicobarese settlers and Onges in little Andaman and coastal Nicobarese in great Nicobar islands was detected during a recent study by Mr N L Kalra and Mr K K Mathur. Malaria is known to be endemic in the region.

Malarial fever in the absence of proper treatment and multiple parasitic infections resulting in perforations of internal organs can lead to abortion says Mr Kalra.

Anthropologists have been concerned with the fall in population of Onges tribals and efforts were being made to identify the factors behind the dwindling numbers. The study covered 72 persons out of the 204 inhabitants of little Andamans. More than 50

per cent of them had single infections and 10.5 per cent revealed multiple infections.

About 95 per cent of the Onges tribals had intestinal parasites. Nearly 64 per cent harboured single parasite, 27 per cent two and 9.1 per cent more than two. Infection by tape worms, hookworms and protozoans were common.

The study attributed the high intensity of parasitic infection to the most primitive manner of life of the islanders. Mass promiscuous defecation on open soil, non-disposal of night soil coupled with high rainfall caused spread of the infections.

Infection in infants and their persistence all through the life due to unavoidable and repeated infections by multipathogens, the study said, seemed to result in high infant mortality.

The researchers suggest immediate remedial measures to reduce the load of parasites among the tribals and long-term preventive measures including sanitation and clean environment in the region.

CSO: 5400/7010

VIRAL ILLNESS IN DELHI IDENTIFIED AS DENGUE FEVER

New Delhi PATRIOT in English 22 Sep 82 p 12

[Text]

The raging viral fever in the Capital has been finally identified as the dengue fever by the National Institute for Communicable Diseases on Tuesday. The Institute has also stated that the dengue virus is borne by mosquitoes and have issued specific instructions to prevent it from spreading.

In an announcement the Institute in a list of do's have asked people to empty all water containers (including air-coolers) in and around the house every week. All water storage containers (cement tanks and pitchers) should be emptied and dried before filling every week.

All cans, tins and plastic items like tyres should also be kept free from water collection. Even flower vases and money plant containers should be emptied and filled every week.

All overhead tanks should be properly covered to prevent mosquitoes from laying eggs and allow special staff

appointed for checking mosquito-breeding in and around the house to check.

When anti-larval teams come for treating the places every week, the people have been urged to cooperate and see that all water collections are properly treated.

Windows and doors should be kept open during the fogging operations of the area and social workers and resident associations should assist in detection and prevention of mosquito breeding.

Local health authorities should be informed in the event of occurrence of a case of viral fever. The patient should be kept in mosquito nets for the first three days of the illness.

Hospital staff and people attending to the sick should apply repellent creams and lotions all the time.

NO REMEDY

The Institute has specially pointed out that no specific treatment of the disease exists. Patient should have complete rest, take normal

diet with plenty of fluids. Aspirin, paracetamol and vitamin C should be taken for relief. Antibiotics are not needed. Cold pads should be applied if temperature rises above 102 degrees C.

Social workers and other voluntary organisations should help in detection and prevention of mosquito-breeding.

In the list of don'ts, the Institute has asked patients not to panic as the disease is self-limiting for a period of five to seven days.

Water taps or hydrants should not be allowed to leak near the house.

The public health authorities of NDMC, the MCD and the Delhi Administration are taking anti-mosquito measures and special announcements will be made prior to the foggings to alert people to keep their doors and windows open.

Special control rooms are being set up to receive information about fresh cases of dengue fever the announcement stated.

CSO: 5400/7010

INFECTIOUS VIRUS FEVER EPIDEMIC IN DELHI

Calcutta THE STATESMAN in English 20 Sep 82 p 12

[Text]

NEW DELHI, Sept. 19.—The capital is in the grip of an infectious virus fever which has struck almost every other family, reports UNI.

According to municipal corporation sources, more than 40% of those visiting the outpatient departments of Delhi hospitals are suffering from this self-limiting fever.

Medical authorities say there is no specific prophylactic or curative treatment available for the disease. Only symptomatic treatment is possible. The fever lasts five days to seven days.

The incidence of the disease is higher in unhygienic and densely populated areas.

Private medical practitioners in slums and higher-density colonies said that each of them was daily treating up to 60 fresh cases of virus fever. In the Trilokpur area with a population of 300,000 more than 7,500 new cases are reported every day.

Even rich colonies such as Vasant Vihar, Panchsheel Park and Anand Lok have not been spared. According to doctors in the area, six out of eight reported cases were found to be of virus fever.

There is no unanimity among doctors on the spread of the disease. Some hold that this fever is most likely due to dengue virus infection spread by Aedes mosquitoes. Accordingly, the Delhi Administration has declared war on mosquitoes.

Another medical opinion is that the virus is air-borne and can be transmitted through cough, sneeze or other types of close contact. Hence, the authorities have advised people to avoid crowded places such as cinemas and to isolate the patient.

Doctors also say that other seasonal diseases such as typhoid, paratyphoid and malaria hampered proper diagnosis. Symptoms of these fevers could be confusing and in certain cases, self-medication and wrong case history given by patients were causing more problems.

As a result of this, there are many instances, where doctors have given antipyretic treatment followed by antibiotic and chloroquin and in some cases all the three together. Medical authorities, however, disapproved of this practice of indiscriminate medication.

The Municipal Health Officer, Mr L. R. Sharma, said those who had suffered a mild attack helped

spread maximum infection because they became mobile carriers of the virus.

Mr Sharma advised use of the ice bag and aspirin as most effective for relief from uneasiness and bodyache which accompanied the fever. However, medical advice was a must because the disease could turn out to be malaria or typhoid.

CEREBRAL MALARIA

He said incidence of malaria was 42% less this year compared to 1981. This year only 118 cases of cerebral malaria were reported against 301 last year.

No symptoms of this type of malaria were reported this year and during the past two years no death occurred owing to this disease, he added.

Regarding malaria, Mr Sharma said a recent survey of the capital's households had revealed that junk on roof tops and room coolers were providing to be ideal breeding ground for mosquitoes.

A survey of the drug market shows an increase of 10% to 15% in the price of anti-pyretic, analgesic, antibiotic and anti-malaria drugs. Dealers say that private practitioners were buying bulk quantities of these drugs and the increase in their demand was unprecedented even though they had no curative effect on the disease.

TASK FORCE FORMED TO FIGHT GUINEA WORM DISEASE

Bombay THE TIMES OF INDIA in English 27 Sep 82 p 22

[Text]

NEW DELHI, September 26.

EFFORTS on a war footing have been launched to combat the guinea worm, endemic in as many as 80 districts in seven states of the country.

A comprehensive programme of action has been drawn up recently after a task force appointed by the government two years ago had identified the afflicted areas. A multi-pronged attack will be launched soon by, among others, the National Institute of Communicable Diseases, the Public Health Engineering Department and the primary health care centres of the effected districts.

The worst hit state, according to a report tabled at the recent two-day conference on communicable diseases at the N.I.C.D. Centre, in Ranchi, where as many as 23 of the 27 districts have fallen prey to the endemic, popularly known as "naru". The disease, which reaches its peak in the May-June period is reported to have been particularly severe in Nagpur, Udaipur and Durgapur districts of the state. The survey also indicates that Rajasthan accounts for nearly 50 per cent of the 12 million-odd cases reported throughout the country.

As part of its eradication programme, the government has earmarked a sum of nearly Rs. 80 lakhs for distribution to the affected states.

MAIN THREAT

However, the main thrust of the programme will be to generate an element of awareness regarding the disease and the steps needed to prevent its occurrence, said Dr. C. K. Rao, secretary of the Indian Society for malaria and other communicable diseases, in an exclusive interview with this reporter on Friday.

Dr. Rao happens to be the central programme officer of the task force created to combat the disease. In fact, one of the main features of Dr. Rao's office at the NICD is a large poster showing a "naru" victim stepping into a pond with the words "forward even as another man is about to drink some water a little distance away from the same pond."

The happy hunting grounds for the worms have in fact been listed as step wells, open tanks and ponds. The entire process of infection is said to be of a cyclic nature. For even as he drinks the water, the thirsty man consumes, additionally, thousands of male and female larvae of the worm. While the female metamorphoses into a full-blown worm measuring about 100 cm during its year-long odyssey from literally the top to the toe of the victim, the male dies immediately after impregnating the female.

EMBRYONIC RELEASE

When the time is ripe for the embryonic release, or the parturition process, as it is referred to in medical parlance, the female worm secretes a toxin that causes the appearance of a sore or ulcer generally on the foot. This, explains Dr. Rao, is in reality the churning out of an escape route for the millions of embryos. And the victim unwittingly comes to the rescue of its tormentor by seeking a soothing pool of water to dip his legs in.

Ironically, the guinea worm disease is the most preventable of all vector-borne diseases according to Dr. Rao. Statistics had revealed that the Jains living in some of the stricken areas were absolutely free from the endemic.

This is ostensibly on account of their practice of filtering the water, which keeps the cyclops away.

Dr. Rao conceded that inhabitants of the vulnerable areas had to resort to the step wells, as they lived in "these perennially dry areas that lacked irrigation and adequate rainfall."

On the other hand, in some of the potential "naru" areas of Rajasthan, people demonstrate a marked preference to the soft step well water rather than the hard water of tube-wells, according to Dr. O. P. Khattar, a former joint director of health services, Rajasthan. The preference for the former was ostensibly because it made cooking easier, Dr. Khattar stated.

While advocating the need for educating the people of such districts, Dr. Rao felt that the process had already started last year. Bands of para-medical workers, who had been deputed to the endemic districts for door-to-door surveys, had initiated a change in the minds of the villagers regarding hygiene. However, the programme officer was quick to point out that the actual level of this awareness could only be gauged next year during the season of the epidemic.

As part of the guinea worm disease eradication programme, it has been decided to introduce a system of chemical treatment of the ponds and step wells. Timophos, an argonophosphorus larvicide, has been earmarked for the purpose.

At the same time, victims of the disease will be prescribed metronidazole, a broad-spectrum drug that is otherwise indicated for amoebiasis. The drug is learnt to reduce the irritation caused by the ulcer, thus dispensing with the need for a "cold dip."

BRIEFS

DISEASES IN BENGAL--Fourteen people died of encephalitis over the past five days in Kharagpur and Ranigunj according to a statement by Mr Ram Narayan Goswami, Minister of State for Health made in Calcutta on Tuesday. With reports of encephalitis attacks coming in from Imphal, the Centre has requested the West Bengal Government to send a team of doctors there. Mr Goswami said that the State Government had asked Dr S.K. Chakravarty of the School of Tropical Medicine and Dr A.K. Chakravarty of the All-India Institute of Hygiene to proceed to Imphal. The Health Department has been receiving reports of malaria spreading to Burdwan. In a recent circular the department has asked all Chief Medical Officers in the districts to file routine reports to Writers Building on communicable diseases which were reported to be on the rise. [Excerpts] [Calcutta THE STATESMAN in English 29 Sep 82 p 3]

TYPHOID, JAUNDICE CASES--Madras, Sept 25--A spurt in the cases of the three primarily water-borne diseases--typhoid, jaundice and cholera--is reported at Government hospitals and private clinics in Madras. The enteric ward of the city's major medical institution, the Government General Hospital, is now handling a three-fold increase in typhoid admissions and a senior medical officer warned that the problem could worsen when the monsoon begins. At the Madras Corporation's Communicable Diseases Hospital, about 10 persons are being admitted each day with cholera as against a normal daily rate of one or two and jaundice is also said to be active, especially in Triplicane. [Text] [Madras THE HINDU in English 26 Sep 82 p 1]

ENCEPHALITIS IN DURGAPUR--Durgapur, Sept 23--Encephalitis has broken out in the Durgapur industrial belt. In the areas under the Mines Board of Health at least 15 people have died. The Board had reportedly requested the Government to send an experts team to take necessary steps to contain the disease. In the Durgapur area four have died of the disease. [Text] [Calcutta THE STATESMAN in English 24 Sep 82 p 1]

EPIDEMICS ACT INVOKED IN CAPITAL--The outbreak of malaria epidemic looms large over the Capital, cautioned the Delhi Administration of Tuesday. In view of this, it said, Lt Governor Jagmohan has invoked the provisions of the Epidemics Diseases Act, 1897, to make disobedience of certain regulatory measures as punishable offence under the Indian Penal Code. According to the official release no person, or local bodies are supposed to maintain pools, tanks, wells and so on to become the breeding ground for the mosquitoes. It also provides that previous permission will be obtained for digging one in the Union Territory. It also stipulates that people suffering from fever will give blood smears for examination for malaria parasites if asked by the Municipal Health Authorities. The hospitals, private or public, nursing homes and also the private medical practitioners will be expected to notify the Municipal authorities about fever cases suspected to be due to malaria. [Text] [New Delhi PATRIOT in English 15 Sep 82 p 10]

EYE DISEASE IN MEGHALAYA--Shillong, Sept 24--The Meghalaya Government is concerned over a peculiar eye disease leading to blindness in the rural areas, particularly the Garo Hills, according to Mr D.D. Lapang, State Health Minister. To fight the disease the Government has opened an ophthalmic complex in Shillong, the first of its kind in the State, with assistance from voluntary organizations. The medical wing of the State Congress (I) is helping the organization with men and material. During the past six months the State Medical Department has treated more than 2,000 patients. Mobile units visit the rural areas to provide medical assistance to the poor people at their door steps. [Text] [Calcutta THE STATESMAN in English 25 Sep 82 p 11]

MYSTERY DISEASE IN MYSORE--About 10 children are reported to have died of an unidentified disease at Pogapura, in Mysore, during the past month, reports PTI, quoting information received here. The health authorities are investigating the cause and nature of the disease. Precautionary measures have been taken to check its spread. [Text] [Calcutta THE STATESMAN in English 18 Sep 82 p 7]

GASTROENTERITIS, ENCEPHALITIS DEATHS--Santiniketan, Sept 20--Gastroenteritis and encephalitis have claimed 13 lives in Birbhum district, according to official sources here, reports PTI. Another 49 people were suffering from gastroenteritis at Suri, the district headquarters, and Khayrasol. Encephalitis has affected 12 others at Maureswar. Ramkumar Chattopadhyaya, Maya Sen and Ajit Pandey participated in the fourth annual function of the Calcutta Journalists Club on Sunday. Mrs Meenakshi Bose, who recited from Madhusudan and Tagore, made an impressive debut. [Text] [Calcutta THE STATESMAN in English 21 Sep 82 p 14]

DELHI MALARIA STATISTICS--After the Delhi Administration cautioned against the imminent threat of malaria epidemic in the Capital on Monday, the Delhi Municipal Corporation claimed on Thursday that "there is a distinct improvement as compared to last year". It said just a little over 23,000 "positive" malarial cases had been reported up to 11 September this year against over 40,000 cases during the corresponding period last year. The MCD claimed that it had launched a two-pronged attack on malaria. On the one hand it was fogging at dawn and on the other it was treating chemically all water collected in urban and rural areas. It said notices have been issued against as many as over 4,000 violators of the recently invoked Epidemics Act of 1897. [Text] [New Delhi PATRIOT in English 17 Sep 82 p 10]

BRIEFS

CHOLERA-LIKE DISEASE--Jakarta, 11 Oct (AFP)--An epidemic of a cholera-like disease, now hitting West Java, has killed a dozen people and caused 350 others to be hospitalized, press reports said today. Other diseases continue to abound in the regional capital of Bandung in West Java, 120 km (74.6 miles) from Jakarta, where hospitals are overflowing, the armed forces daily reported. The Santo Yusuf hospital which, up to now, has taken in the most patients, built a make-shift waiting area in an outside alley adjoining the hospital for the new arrivals, the Bandung daily PIKIRAN RAKYAT said. The city's five major hospitals are set up to distribute equally the sick people who arrive an average of 15 a day. Ministry of Health regional authorities have appealed to people to bring sick people to the hospital without delay. The approach of the rainy season and the present dryness are the main causes of the epidemic, doctors said. The disease, which has hit, in particular, certain regions of Sumatra, Kalimantan (formerly Borneo) and West Java has killed around a 100 people during the past three months. [Text] [BK111503 Hong Kong AFP in English 0743 GMT 11 Oct 82]

WEST JAVA DENGUE FEVER--Bandung, 11 Oct (ANTARA/OANA)--The West Java health office here has received reports over the prevalence of dengue fever in 20 regencies and four mayoralities in the province this year. Some 21 people died and hundreds of others have been affected by the communicable disease, Dr Jahya Martaprawira of the West Java health office told a symposium here Saturday night. [Excerpt] [BK111503 Jakarta OANA in English 0829 GMT 11 Oct 82]

CSO: 5400/4309

NEW AUTONOMOUS REGION HEALTH PROJECTS

Baghdad AL-THAWRAH in Arabic 22 Aug 82 p 7

[Article: "New Health Projects in the Autonomous Region"]

[Text] The General Secretariat of the Social Affairs Department of the Kurdistan autonomous region has completed projects for health establishments and social work in various parts of the region at a cost of 1.14 million dinars. These projects include four branch health centers with attached housing, a fever hospital, a first aid center, a social center, two laundry wings, a wing for housing students and six additional rooms, improvements to the heart recovery section at Irbil Hospital, the Republican Fever Hospital and a drinking water storage tank.

Work is currently underway on 57 other projects in the region at a cost of 685 million dinars.

These projects in Irbil Governorate include the construction of three hospitals with a 100-bed capacity each, a consulting clinic, two primary health centers and two branch centers, 16 residences, a medicine storeroom, a nutritional training center, a maternity center, a health vocational center with an attached internal section, a school for nurses, a nursery, a vocational training center, an office complex and a tourist hotel for workers.

In al-Sulaymaniyah Governorate, these projects include a 100-bed hospital, a consulting clinic, two primary and two branch health centers, 11 residences, a nutritional training center, a health vocational center with an attached internal section, a school for nurses, a first aid center, a consulting clinic and another central clinic, a nursery, and a club and library for workers.

In Dahuk Governorate, they include construction of a hospital for heart diseases, a branch health center, a residence and 30 apartments to house doctors, an office complex, a 400-bed general hospital, a 100-bed hospital and a health insurance storehouse.

These projects are being implemented by the General Organization for Buildings, directorates of works, the local administrations in those governorates and the machinery of the General Secretariat of the Social Affairs Department in the autonomous region.

Heads of administrative units in al-Anbar Governorate discussed the implementation of projects ordered by the president, our leader, Saddam Hussayn, at a meeting held yesterday under the chairmanship of Yahya al-Rajab, Governor of al-Anbar. They also discussed ways to expedite completion of these projects on their scheduled dates, projects including paving of a number of projects, extension of potable water systems and organization of city entrances, in addition to educational, health, tourism and development projects.

A similar meeting held yesterday at government center in Maysan Governorate under the chairmanship of Ghazi Hammud, Governor of Maysan, discussed the level of public services being provided to the populace in the governorate and ways to improve it. During the meeting it was decided to honor a number of workers in the public service field in appreciation of their fine efforts.

8389

CSO: 5400/4744

BRIEFS

KINGSTON WATER PLAN--A decision has been reached on a new water supply scheme which will pump 15 million gallons of water per day from St. Thomas into the Corporate Area, Prime Minister Edward Seaga disclosed on Friday. Speaking at the press briefing at Jamaica House, Mr. Seaga said the Government has now selected the scheme, involving pumping water from Yallahs, St. Thomas, at a cost of approximately \$20-million. The scheme will alleviate the Corporate Area's water problems. Mr. Seaga said the scheme selected would mark the first phase of the water supply programme to bring water into the Corporate Area from the eastern parishes. St. Thomas and Portland; and eventually from the Blue Mountains. Mr. Seaga told the briefing: "the new proposals were part of proposals made from the early seventies, but nothing was done during the 1970s to implement those programmes, as a result of which we now enter the decade of the 1980s with a gap of one decade during which nothing was done to implement additional programmes for water, which is the reason we have a short-fall today". [Kingston THE DAILY GLEANER in English 20 Sep 82 p 1]

CSO: 5400/7503

BRIEFS

TYPHOID VICTIM IN GUNGOMA--An outbreak of typhoid has been report in Nang'eng'e Sub-location, Naritire Location, Bungoma District. According to the Bungoma District Medical Officer of Health, Dr. C. Okwoga, a man admitted at Misikhu Hospital with positive symptoms of the disease had died. His wife had also been admitted at Bungoma District Hospital and was suffering from the disease, he said. Dr. Okwoga said medical teams had been sent to the affected area. He said he was liaising with the Medical Officer of Health in charge of district hospital, Kitale, where the outbreak of the disease had earlier been reported. But Dr. Okwoga has asked members of the public not to panic as the surveillance team was working round the clock. [Text] [Nairobi DAILY NATION in English 20 Sep 82 p 16]

CSO: 5400/8

HEALTH STATISTICS EXAMINED

Tripoli AL-ZAHF AL-AKDHAR in Arabic 2 Aug 82 p 6

[Article: "Development of Health Services"]

[Text] The health sector, more than the other growth sectors, monopolizes vitality and activity, due to the intense interest. This interest clearly reflects the level of progress of superior health services offered to the citizenry, in terms of large hospitals and community clinics, which offer free treatment. This health development was not born today or yesterday; on the contrary, it is the fruit of years of serious effort in the various health fields, since health, in its general meaning, means preparation for life. Man achieves to his utmost, if his physical and psychological health and his social consciousness enable him to function in his society, to keep up with contemporary developments, and to have stability and happiness. The glorious 1 September revolution, since its inception, has spared no effort in developing the level of treatment and preventive services, in order to raise the level of man's health. In this regard, the revolution laid out a scientific program in accordance with scientific planning, and made available all human and material assets, as well as giving priority to the health problems from which the society suffered. This was clearly done out of consideration that progress on the health level must go hand in hand with the physical, mental, psychological and social integrity of man, so that he can go about his activities with vitality and vigor. Moreover, the most important step that the revolution took in the field of dispensing drugs was to reorganize the drug business, since in 1972 it established the National Drug Company, which has undertaken to clean up the drug market, which was dubious in its activities, as well as certain manufacturing companies.

All commercial types of drugs that pharmacy owners and importers were circulating were cancelled, and the number of drugs circulating in the markets were reduced from about 5000 to about 2000.

Moreover, new guidelines and strict laws were formulated for the registration of drugs, in order to permit their sale in pharmacies. Also, the Health Department provided the most modern drugs from the best international firms, and in the very largest quantities. For example in 1969, the value of drugs dispensed was 1,517,418 dinars, whereas in 1981, it was 15,538,580 dinars.

Accordingly, expenditure for medicines developed rapidly, and consequently, expenditure per individual also grew. In 1974, expenditure per individual was 1.44 dinars annually. In 1980, expenditure per individual had increased to 5.077 dinars annually. The size of financial expenditures for health services is actually and clearly larger, when we review the scientific statistics, which will bring us closer to the actual reality.

The individual's share in health expenditures amounted to 8.3 dinars in 1969, and this share rose in 1979 to 32.2 dinars, despite the population growth, i.e., an increase of 288 percent more than was spent on the individual before the glorious revolution. Expenditures invested in this sector amounted to 2,864,310 dinars in 1969, and rose in 1979 to 60,000,000 dinars, i.e., an increased percentage of 2,035 percent, and a yearly growth rate of 6.9 percent. It is worth noting that what was spent on the individual before 1978 was in respect to health services offered by the Health Department only, and does not include the insurance sector or the armed forces or the oil companies or the private sector. This sum also does not include investments allocated, amounting to 253,386,944 dinars during the past 10 years. The last 2 years were distinguished by a large increase in the size of disbursements targetted by the Health Department to achieve a change in health services, in terms of developing an increase in proficiency as soon as possible.

A series of statistical statements during the past 10 years prove that the live birthrate per each 1000 births has increased from 37.5 in 1970 to 47 in 1978, while the death rate among births was 8.6 per 1000 in 1970 and 15 in 1978. The reason for that is not attributable to lower health standards, but rather, to accurate statistics, organized record keeping, and the citizens' commitment to reporting the circumstances of death.

The death rate has been reduced from 6.8 per 1000 in 1970, to 5.1 in 1978. Moreover, the death rate among infants has been reduced from 61.1 per 1000 in 1970 to 37.5 per 1000 in 1978. This is evidence of improved health conditions among pregnant women and children during the years following the glorious revolution, due to the rise in the level of health services, both preventive and treatment, among the people.

The World Health Organization's statistics for 1975 prove that the death rate among children in low income countries was 132 per 1000, 46 per 1000 in countries with medium incomes and 15 per 1000 in the industrial nations.

In addition, the Social Security Department's expenditures, in comparison with certain developing and oil nations, prove that the Jamahiriya is in the forefront of these nations, with respect to expenditure per individual.

There has not just been advancement in quantity alone, but also the variety of health services has been developed as well. Sufficient numbers of qualified pharmacists have been provided to offer a higher variety of services.

The number of pharmacists working for the Health Department in 1969 was 68, while in 1980, there were 372. This does not include pharmacists working for the Social Security Department and the pharmaceutical sector.

The 1976-80 5-year plan aimed at providing 1 pharmacist for every 5000 persons. By looking at 1980, for example, we find that the number of pharmacists was 1 for every 8400 persons.

Furthermore, the number of doctors increased from 1969 to 1981. The number of doctors in 1969 was 733, including general practitioners and specialists. In 1981, the number had increased to 4158, including general practitioners and specialists. As for dentists, there were 62 in 1969 and 341 in 1981.

The Health Field Working Force

Without a doubt, the revolutionary course during the last few years has resulted in significant accomplishments in the field of developing the work force. Recently the State Bureau for Developing the Work Force was established. One of its most important functions is to prepare all technical and national frameworks operating in this field, so that the great accomplishments achieved by the glorious revolution in the Jamahiriyah can be accompanied. The new bureau includes:

- * A department for health education, with four units for the health institutes. The first is the specialization branch, the second is for nurses' aides schools, the third for examinations and guidance and the last for educational methods and libraries.

- * A department for training and student exchange, with two units, one for training and the other for student exchange.

This bureau is responsible for establishing a plan for health training, and tying it into the health change plan specifically, and the Jamahiriyah's economic and social plan in general. This is for all its stages of preparation, implementation, follow-up and supervision.

Providing the human element, capable, skillful and mentally and scientifically prepared, is the decisive factor in the ability to develop health services in the society. Consequently, necessity has called for establishing a good educational plan, aimed at achieving self-proficiency in the technical elements working in the health field. Prior to the revolution, there was only one health institute for the people in Benghazi and one other in Tripoli. Moreover, there were no schools for nurses' aides. However, thanks to the glorious revolution, during the past few years, two new health institutes have been opened, one in Tripoli and the other in Masratiyah, as well as five institutes for the people of Subha, al-Zawiyah, al-Baydha', Darnah and Masratiyah. This is aside from 24 nurses' aides schools in all parts of the Jamahiriyah.

The following table shows the development of the nursing and technical strength for the years from 1969 to 1981.

Chart #1

Years	Male Nurses		Female Nurses		Nurses' Aides		Health Visitors
	Male Nurses	Female Nurses	Male	Female	Male	Female	
1969	1680			213	606		113
1981	6399			1149	4905		188
	Pharmacists		X-Ray Tech.		Analyst		Health Inspector
1969	82		94		89		33
1981	497		460		775		193
							12
							274
	Physical Therapists		Equipment Specialists		Industrial Specialists		Anesthesiologists
1969							
1981	114		109		88		151

Communal Clinics

During 1977, construction was completed on 16 communal clinics in all parts of the Jamahiriyah. These clinics were also furnished and equipped with modern medical equipment.

These clinics are adjuncts to the hospital for a series of health facilities, and offer outpatient health care, including diagnosing illnesses and following-up post-hospital treatment if required.

These clinics also offer maternal and pediatric care, and are considered to be clinics outside of the hospital but tied to its various departments. Those who work in them offer their services under the supervision of the hospital's chiefs of departments. The community clinics are considered emergency aid centers and centers for resuscitation and revival. Work in these emergency aid units goes on 24 hours a day. Statistics clearly show the number of communal clinics, according to municipality, and their averages up to 1981.

Treatment Services

The State Bureau for Medical Services plays an effective role in providing treatment services to the citizens wherever they are, easily, without difficulties, and on a high, scientific level. These services are offered within the framework of a positive structure, so that benefit can be derived from the operating capacity and facilities, which are continuously increasing and are represented by hospitals, community clinics, health centers and other clinics, along with other practical and supporting services, such as x-rays, cardiograms, physical therapy, etc. The increase in quantity of health services, and the development of these services, along with improvement in the standards of performance, has kept pace with the modern, scientific methods in the advanced nations. This was the result of the plan developed by the Health Department to renovate and modernize these facilities and equip them with the most modern medical and mechanical equipment, in order to ensure the continuation of the work on the desired level. These statistics clearly show the number of hospitals and beds and their averages for the years 1969-81 in the Libyan Arab People's Socialist Jamahiriyah.

Number of Hospitals and their Rates for 1969-81 in the Jamahiriyah

<u>Year</u>	<u>Number of Hospitals</u>	<u>Number of Beds</u>	<u>Rate</u>
1969	42	6421	3.4
1970	45	7589	3.4
1971	50	8367	4.0
1972	50	8935	4.1
1973	52	9634	4.3
1974	55	9741	4.1
1975	53	10080	4.1
1976	55	12241	4.7
1977	59	12959	4.8

1978	60	13418	4.7
1979	62	13897	4.8
1980	62	14372	4.5
1981	64	14775	4.5

Flying Ambulances

In view of the fact our Jamahiriya has area in which it is difficult to use conventional means of transportation, due to the vastness of distances, and in order to achieve the Libyan Arab citizen's right to the gains of the glorious revolution in the various fields, including the field of health, out of a determination to develop and improve the performance of health services in all parts of the Jamahiriya, especially the remote areas which in the past have been denied these services, the Health Department has originated a project of flying ambulances, so that it will be better able to carry out its responsibilities to the citizens wherever they are located, easily and in the shortest possible time. In its budget, the department allocated the sum of 2,000,000 dinars for the first stage of this project, to buy two fixed-wing, long-range aircraft, as well as two helicopters, for use in areas where airports are not available, such as mountainous areas. They would also be used within cities and hospitals. This project is clear proof of the gains the citizen has made in terms of his wealth, which was scarce in the past but which was due him.

7005

CSO: 5400/5022

BRIEFS

OVER 700,000 LEPROSY VICTIMS--In Nepal 0.7 percent of the total population is suffering from leprosy. According to vice-chairman of Nepal Leprosy Eradication Association Dr Ram Kumar Shrestha, the statistics indicate that in the country there are more than seven hundred thousand leprosy patients and thirty percent of them have been invalid one way or other. [Excerpt] [Kathmandu THE RISING NEPAL in English 26 Sep 82 p 1]

ENCEPHALITIS EPIDEMIC--Dhangadi (RSS)--Encephalitis, an acute disease marked by physical and mental lethargy popularly called the sleeping sickness has claimed 80 lives in far western district of Kailali, it is authoritatively learnt. Also of the 52 encephalitis patients admitted to the 25 bed hospital, the condition of six is described as extremely critical. Central health authorities in Kathmandu say that teams have already been dispatched to the area to prevent the disease from spreading further and to provide curative treatment to those already afflicted. Reports indicate the area called Bhajani and those around are the worst affected and it is believed that 50 have died in those places alone. The rest, 30 of them, died in Kailali hospital. Those who can afford have been importing necessary drugs from India's Lucknow, across the border, but of late even there the drugs have fallen short in supply, it is learnt. Asked to comment on the manpower support in the hospital to deal with problem, an official concerned said that requests for both manpower and medicines have been made to the authorities concerned at the centre. [Text] [Kathmandu THE RISING NEPAL in English 1 Oct 82 p 1]

CSO: 5400/4310

PEOPLE'S REPUBLIC OF CHINA

BRIEFS

IMMUNIZATION MEETING--Wuhan, 26 Sep (XINHUA)--The Ministry of Public Health held a national immunization work meeting from 22 to 26 September in Xiangyang County, Hubei Province. The meeting adopted a 1982-1990 nationwide immunization work plan calling for measles, poliomyelitis, whooping cough, diphtheria, tetanus and other serious contagious infantile diseases to be put under control or eliminated across the country by 1990. A 21-member committee was formed to give guidance in implementing the plan. Huang Shuze, adviser of the Ministry of Public Health, spoke at the meeting, saying that China had already laid a good foundation for immunization work. Investigation covering 1,784 districts and counties in 24 provinces reveals that for 3 years from 1979 to 1981 no diphtheria case was reported in 1,040 districts and counties, and no poliomyelitis case in 768 districts and counties. [Beijing XINHUA Domestic Service in Chinese 1515 GMT 26 Sep 82]

CSO: 5400/4103

BRIEFS

CAMARINES MALARIA DEATHS--Naga City, Oct 1--Eleven people had died while 20 others had been hospitalized after a malaria outbreak in six barangay islands in Camarines Sur early this week. Mayor Pedro Arcilla said that 30 more persons are confined at the Binagasbasan Elementary School, which had served as a temporary dehydration center for malaria victims since Sept. 26. Arcilla has asked for help from health authorities. So far, only a three-man team from the health ministry's malaria control office has been sent here, he said. He said the center needs very badly food and medicines. Reported dead were Roberto Royol, 6, Fe Aquino Belga, Arturo Belga, Salvador Barquilla, Juana Barquilla, Casiano Belga, Julian Apolinario, Josefa Sarmineto Bismar, Natalio Codovez, Simemon Sabas, and Wilfredo Madera. Arcilla said that doctors sent to the afflicted areas have identified the malaria disease as plasmodium falciparum, also known as Cerebral Marpt Malaria. The six island barangays are Tamiawon, Dangla Kagamutan, Bahi Binagasbasan and Sumaoy. They are the same six barangays where many were killed when big ocean waves swept the town at the height of typhoon Anding last year. [By Rudy Alano] [Text] [Manila PHILIPPINES DAILY EXPRESS in English 2 Oct 82 pp 1, 6]

CSO: 5400/4312

BRIEFS

CHOLERA INCREASE--Durban--There was a great danger of the incidence of cholera increasing because of warmer weather conditions, Dr Johan van Rensburg, the regional medical Officer of Health in Natal said yesterday. Dr Van Rensburg said that people in rural areas had become complacent about the disease in the last few months. On an average about 70 cases were still being reported daily to his department. With the approach of the warmer weather the greatest care should be taken to ensure that all cooking and drinking water was thoroughly boiled, he said. His Department was still busy on a programme of educating people in rural areas about the dangers of using dirty water. [Text] [Johannesburg THE CITIZEN in English 14 Oct 82 p 10]

CSO: 5400/21

BRIEFS

VIRAL FLU EPIDEMIC--The Chilaw district has been in the grip of a virus flu for the last few weeks. The victims are mostly little children and aged people, whose resistance power to this wind borne virus is very low, according to medical opinion. The patients suffer from high fever, cough and body pains which last for over a week and in many cases for two weeks. Hundreds of patients seek treatment daily at the government hospitals and private dispensaries. After recovery patients complain that they have no appetite and are not strong enough to attend to their normal duties. This epidemic broke out after the rains ceased a few months ago and thereafter the district has experienced droughty weather conditions with high humidity. The rains that were expected in August are yet to come. Farmers in the district who depend on the rains to cultivate their paddy and other high land crops are wondering whether they can cultivate their fields for the Maha season. However, they are hopeful there would be rain at least by mid October to provide them with sufficient water for cultivation. [Text] [Colombo DAILY NEWS in English 30 Sep 82 p 1]

CSO: 5400/4310

COUNTRY'S PRIVATE, PUBLIC HOSPITALS COMPARED

Damascus AL-THAWRAH in Arabic 10 Jul 82 p 4

[Article by As'ad 'Abud and Bassam Ja'arah: "The Health Issue in the Hospitals and Clinics: Public Vs. Private"]

[Text]

How's your health?

This salutation is heard countless times every day, indicating the importance of health in the mind of every human being. But that's not all. When we drink a toast to someone we say, "To your health!"

How's your health? Here it carries the meaning of inquiring about the true health services situation in our country and consequently the health of each citizen. This is a large, far-reaching, and highly complex issue. Medicine and the policy of its distribution are part of health. International education is part of health. Athletics is part of health. Health and social security are part of health. So are nutrition, housing, the doctor, the nurse, the hospital, and technical equipment. All these are connected with health.

On this occasion we will examine health through the hospitals and the health centers in the public sector and the bases of their policy toward the citizen.

Services Provided by the Public Hospitals, Not Picturesque Appearance

The last few years have brought about the dedication of many public hospitals, health centers, and clinics as part of the services provided to the citizens by the state. However, this has certainly not put us in a desirable position from the standpoint of the share of hospital beds for a given number of citizens, the number of doctors employed, or the number of nurses. This is an acknowledged reality and an effort is being made to change it for the better through the construction of new hospitals, health centers, and clinics.

There is no doubt that the ratio of beds, doctors, or nurses to citizens has improved in recent years, and this is considered an important gain for the masses. However, if we ignore the question of quantity for a moment, there still remains the question of quality, which is also in very short supply.

The first thing I would like to discuss is my view that the individuals in charge of the practical situation and the planners who seek to make the situation better are dominated by a tourism mentality rather than a health mentality. They look on building a hospital as if they were building a tourist hotel and view the construction of a health center as if they were constructing a rest-house or something similar. In the tourism sector, people are very much concerned with achieving an appearance that will attract tourists and evoke an image of comfort and relaxation, thus causing them to enter the establishment and spend their money.

If one form or another, we can consider this a kind of deception. But is it true that we employ deception in the health field, as well?

In any field we want to deal with, there are priorities according to which we must act. In the field of tourism, it is true that the priority is on the site, appearance, and furnishings of the building as well as its "novelty," to use the popular term. But in health, the priority is definitely on the manner of operation and the basic elements of service. The patient's first concern is getting rid of the affliction, not relaxing in the hospital like a tourist. As soon as we achieve this, we can think about appearance and furnishings. If we are able to attain both of these things, that is the best of all.

Under which concept is development of our hospitals, health centers, and clinics taking place in this country?

The first thing that can be noted is that the first priority is that which focuses on the real weakness, namely, the operation within these centers, hospitals, and clinics. From the standpoint of appearance, so many times we see them opening a hospital--amazingly enough--that is fully comparable to a Sheraton hotel in terms of presumption and appearance. And when you look at the operation of this hospital, you would probably believe that it is more a hotel than a hospital. And herein lies the biggest loss, because we pay with effort and money for something inappropriate.

I will proceed on the basis that we are in agreement that the importance of any hospital, clinic, or health center derives from the scale and importance of the services it offers. We want to solve the problem of the citizen who needs the health services of the state. Let's leave the rich or near-rich who do not need these services to solve their health problem however they like and in accordance with their resources.

I recall that I witnessed the start of operation of the new al-Hasakah hospital as well as the al-Raqqah hospital. I have also seen the opening of a number of clinics and health centers. All of these had excellent buildings with good furnishings, but in terms of providing health services, they suffered from defects in many areas. Then what is the benefit?

Of course, I do not want to present these hospitals and health centers as being overly concerned with appearance. But I do want to say that the gap and relative disparity between appearance and operation was plain to see. This hospital with its many clean white beds may have one, two, or more doctors, but all of them--and this is the important thing--work in the private sector in a hospital or office. This is the beginning of the health problem in Syria: the struggle between public and private.

Let's skip the struggle between public and private for now so we can further illustrate the disparities. I said that in spite of the progressive appearance of some of the hospitals when they were opened, they suffered from poor quality in the health services they offered--or more correctly, it was the patient who suffered. This can be observed now in many of the hospitals in Damascus. We find that the reason for the poor conditions existing is negligence and a shortage of doctors and nurses. In contrast to this, we can observe some hospitals that are humble in appearance but provide very satisfactory services. An example is the Jablah hospital. Here we see harmony between appearance and operation. This is what we really want, and we want our hospitals, clinics, and health centers to be developed on this basis. In general, there are many health centers and clinics in our country that do not have a single doctor or nurse and there are many hospitals that are incapable of providing basic services.

Therefore our chief problem in the hospitals and health centers of the public sector is not a problem of existence. We can easily deal with this, by which I mean that we can easily construct such hospitals and health centers. Our problem is the services within them. At this point we will look at this problem more specifically to see what the influencing factors are.

The operation of the hospitals and health centers is based on manpower and equipment. The manpower consists of doctors, health assistance, and nurses. Also, the role of the health administration in organizing the operation of this manpower should not be forgotten.

While it is true that there is a continuing general shortage of numbers in Syria's health cadre, the quantitative deficiency is not the sole reason for the low quality of health services in the public hospitals. The distribution of the manpower and their operating procedures are also factors.

From the standpoint of distribution, despite the fact that the state has worked to establish health centers and clinics in the rural areas and hospitals in the smaller cities during the last decade, most facilities remain concentrated in the large cities. These cities monopolize the largest share of hospital beds, doctors, health assistance, and nurses while the poor cities and rural areas suffer from shortages of all groups within the health cadre.

A second factor is the manner of operation within the hospitals, which is generally characterized by negligence and inattention. This alienates the people from these hospitals and compels them to seek private hospitals to be ravaged by their high prices. If they do not have the resources, they are consumed by negligence and inferior services in the state hospitals. I want to point out that I do not mean to generalize by this, rather I take up the phenomenon to arrive at the root of the problem.

The root of the problem in my view is public versus private as I mentioned earlier. It is the commercial mentality that has come to dominate over the logic of knowledge and charity. From the time he enters medical college, the doctor gives more consideration to attaining an excellent class economic status than to anything else. Even when he selects his specialty, he does so according to the standard of which specialties bring the best income and nothing else.

The health assistant and the nurse have been put in the position of working as an inferior class from the standpoint of income. This has pushed them into negligence and the use of corrupt methods to attain material gain.

This commercial mentality motivates the cadre member to seek profit and he usually finds it in the overcrowded cities. In addition, these cities ensure him the opportunities for comfort dictated by his good material position. As we have pointed out, they also push him toward private practice because the opportunities for profit are greater than those provided by working with the state and in public hospitals. In this way we have arrived at a situation in which the director of a public hospital is also the owner of or partner in a private hospital. This also applies to the department head and the specialist, who, if he is not a partner in a private hospital, has a practice to which he gives the major portion of his time and attention at the expense of his work in the public sector.

The question is: What kind of medical services will be provided by the owner of a private hospital--or even a private office--in a public hospital?

Won't the same motive that fills his mind with the idea of quick material profit lead him in the spirit of competition toward intentional neglect of the public hospital in order to improve the position of his private hospital or office?

We are in a social situation in which you find everyone pursuing personal comfort and you cannot blame the people for that. This applies to a large extent to the position of the doctors. Their work is condemned logically and morally but is backed legally. It is the law that can improve the health services situation in the hospitals, not reliance on morality.

What Action?

We say it once again: There must be a separation between public and private. The individual who chooses to work in the public sector, whether because of personal choice or because the state taught him and put him where he is and he is obligated to work in its hospitals--this doctor must be prohibited from undertaking any private work or owning a share in a private hospital. Of course the state must also provide those working in the public health cadre with the salaries and compensations they deserve. This will create a public hospital that can truly compete with the private hospital.

The Private Hospital

What does the ordinary citizen--any citizen--want from the private hospitals? Is he able to obtain its services, and how is he able to do so? The answer to these questions defines the essence of the issue at hand and reveals the status of operation in the country's private hospitals and the conformity or lack of conformity of this status with the policies designed to ensure health services for the citizens through the public and private sectors.

In general, one must acknowledge the urgent need for the participation of the private sector in the provision of health and therapeutic care through the health services facilities that it can put to use in order to achieve the goal of health care and provide therapeutic services. In the light of the actual situation and the available resources, the state is not able or has not been able to ensure sufficient health facilities to meet the citizens' health care needs. Rather, we can say that the number of beds in the public and private hospitals does not meet the required needs. If there were empty beds in the private hospitals, then for this reason private considerations would have no relation to the law of supply and demand and we would discuss them no further.

The important thing is to confirm that the existing health situation demands the participation of the private health sector. For this reason, also, the state has not spared any support to encourage the private sector to participate in this field with the aim of filling the current gap in the number of public hospital beds and ensuring health care for the citizens. The state has provided material and moral support. In fact, it has drafted the appropriate legislation to make this support available.

But?

Have the goals of support and encouragement been met? In other words, has the desired equation been satisfied: state support + private sector participation = health care for the citizens?

I do not imagine that there is anyone who can claim that it has except for the owners of the private hospitals. Rather, we can acknowledge the emergence of a new equation that becomes more established every day. It has this form: Additional support and encouragement = additional abuses against the nation and the citizens.

We will not content ourselves with recording the concerns but will try to present some of the vital facts and some examples of these abuses. First, we can confirm the comments about the prices of medical services in these hospitals. While the Ministry of Health and its departments have classified these hospitals into categories and specified the prices for each category, all these hospitals without exception persist in violating the schedules of fees and prices. They continue to do this because of the lack of oversight and accounting. Any patient who has dealt with these hospitals has observed this because the fees charged by the private hospitals often exceed the fees specified in the Ministry of Health schedules. Moreover, they are not in keeping with the incomes of the citizens to any extent at all. Can we believe, for instance, that a bandaging operation in a private hospital costs 750 Syrian pounds? Or that a fee for one night in a hospital bed exceeds 400 Syrian pounds--more than a night's stay in a first class hotel? Or that the cost of the most minor surgical operation is no less than 4,000 Syrian pounds?

We will not continue citing all the facts. We will only ask: Is this situation in keeping with the goals of government support and the interests of the citizens?

I do not believe that it is at all. In fact, no citizen can consider for one moment the possibility of obtaining the services of these hospitals. When I deny that the citizen is capable of dealing with these hospitals, I am talking about the masses, not the elite. If these hospitals were set aside for the treatment of the elite, we would not object to that but rather we would object to their receiving government support that was supposed to be employed to serve the mass of citizens rather than the elite. While the owners of these hospitals repeat from time to time their famous statement that the citizens are free to deal with them or boycott them, this argument collapses when they receive support and do not enjoy the benefits of the "Health Insurance" law. If the state is unable to control the abuses, it can at least transfer the support to the public hospitals.

First Aid

There is another issue we should deal with. It relates to the problem of abuses, specifically with the problem of first aid services. These hospitals--or most of them--have refused to provide first aid services to the citizens. We can specify the names and dates if necessary. This is a critical issue that must be dealt with seriously because custom requires the offering of first aid under all conditions, particularly states of public emergency.

Other Repercussions

The issue is not limited to the issue of fees, prices, and practices that take place at the expense of the citizens. It also extends to the public hospitals. The owners of the private hospitals could not withstand the arena of competition if the public sector hospitals were provided with the means to enable them to compete. I specifically mean the issue of material and technical support. For this reason, the influence of the owners of private hospitals--especially those who work in the public health sector--extends to include the public sector. They are trying by various means to confuse the picture of the services provided by the public hospitals. They are working through their positions of influence in the public health sector to create an unending stream of difficulties in the public hospitals. Can we imagine how it is possible for the owner of a private hospital to work to develop the services of the public hospital in which he works? Can he offer his expertise and medical resources to develop the public hospital in which he works when he knows that this development will be at the expense of the private hospital he both owns and operates?

We must concede that it is the owners of the private hospitals who supervise over the administrations of the public hospitals or occupy positions of influence in them. In light of this fact, we should not expect the public hospitals to offer more than they do now to the citizens.

Another Model

Finally, let us mention a new situation that reveals the full dimensions of the issue. When the political leadership decided to equip and open the Syrian Red Crescent Hospital in Damascus, the private health sector became furious because

it realized that after the issuance of the political decision that it would not be able to freeze the status of the hospital and prevent it from being opened as it had done throughout the years prior to the political decision.

The Salvation

The private health sector tried to delay the opening of the Syrian Red Crescent Hospital because it realized fully that the new hospital with its modern building, its equipment, and its strong resources, would be able to compete with the private sector hospitals and expose the practices that went on in them.

The solution lies in the control of abuses, in the repeal of the "Health Insurance" law, in the development of the public sector hospitals and the provision of additional support to them, and in the elevation of the health issue to a high step on the ladder of priorities.

8591

CSO: 5400/4738

CAUSES OF DAR ES SALAAM DYSENTERY

Dar es Salaam DAILY NEWS in English 25 Sep 82 p 3

[Excerpt]

UNCOLLECTED garbage in the city's residential areas and shortage of clean water and soap are major causes of bacillary dysentery in Dar es Salaam, according to papers presented to the Medical Association of Tanzania (MAT) meeting in Dar es Salaam.

Presenting a paper to the scientific conference yesterday, a fifth year medical student at the Muhimbili Faculty, Dr. W.K. Moshi suggests that deterioration of general personal and environmental sanitation contributed to the dysentery epidemic at the Muhimbili Medical Centre (MMC) this year.

In the study, 207 cases were examined between May 17 and June 14 this year. 119 were from Kinondoni District, 48 from Ilala and 36 from Temeke District. Three were recent visitors to the city.

Dr. Moshi noted that 40.6 per cent of the patients came from areas surrounded by rubbish heaps and most of the patients admitted to having recently noticed a big increase in the number of house flies around their residences.

Many of the epidemic victims were low level technicians artisans and housewives living under poor conditions conducive to dysentery.

BRIEFS

ANTHRAX DEATH, INCIDENCE, QUARANTINE--ONE person is reported to have died and three others admitted to Kijota Lutheran Mission Dispensary in Mtinko Division, Singida Rural District, after eating an anthrax-infected cattle meat. According to the Singida District Livestock Development Officer, Dr. Mohamed M. Bahari, the disease has also killed four cattle in the area. Dr. Bahari said in a statement that following the incident, Kijota Mpambaa, Mpipiti, Mghanga, Kitinko and Malolo villages have been placed under indefinite quarantine. [Text] [Dar es Salaam SUNDAY NEWS in English 26 Sep 82 p 1]

CSO: 5400/9

HIGH INCIDENCE OF HOOK WORM, LIVER FLUKES NOTED IN NORTHEAST

Bangkok BANGKOK POST in English 16 Sep 82 p 4

[Article by Niphat Taptagaporn]

[Text]

A group comprising representatives of the mass media, the German Embassy, the Khon Kaen provincial health authority and the Tropical Medicine Faculty of Mahidol University recently visited Pak Puey and Bueng Sawang villages in Khon Kaen's Muang District. The Tropical Medicine Faculty headed by Dr Santsiri Sornmanee is currently working on health development in seven villages around the Nam Phong and Nong Whai irrigation areas near the Ubolrat Dam. The Federal Republic of Germany aids the project in terms of financial assistance and experts.

LIFE has never been easy for villagers in the Northeast where poverty and hardship are clearly visible. And it cannot be any easier when great number of the people are suffering from diseases that have been brought by prosperity.

A recent study conducted by the Southeast Asian Ministry of Education Organisation (SEAMEO) and the Tropical Medicine Faculty of Mahidol University has revealed that villagers at seven villages in Muang District in Khon Kaen located around the Nam Phong and the Nong Whai irrigation areas are afflicted with parasitic diseases.

The number of cases is startling. At Bueng Sawang village, for example, last year 243 persons or 66 per cent out of total population of 367 suffered from liver flukes and 53 per cent out of 575 at Nhone Hua Chang village.

At Pak Puey village which is less than 20 kilometres from Khon Kaen provincial town and about ten kilometres from Bueng Sawang hook worms and liver flukes were found on

308 villagers out of 337 population. And the situation does not differ much at other villages.

Dr Santsiri Sornmanee, deputy dean of the Tropical Medicine Faculty at Mahidol University, who headed the project which studies the environmental impact of the dam and irrigation system on villages, said the diseases are closely associated with the dam and the irrigation system. He attributed the consumption of fishes and water which are main carriers of parasites and the poor sanitary system as causes for the illnesses.

Villages subjected to the study have been able to earn a higher income — in some cases as much as three times higher — made possible by abundant water from the dam than villages outside the irrigation areas. But the water has been found to be highly contaminated with parasites, viruses and bacteria.

Describing symptoms as loss of energy and a constant feeling of tiredness, Dr Santsiri said that hook worms and liver flukes normally are not life threatening, but if they

travel to vital organs such as the heart, brain, or respiratory system, then "you can kiss life goodbye." In addition liver flukes can leave scared tissue once inside human organs which in many cases have turned cancerous.

There are about four million persons in the Northeast currently stricken with these diseases. Although the outbreak has not yet reached epidemic proportions, Dr Santairi described the situation as serious.

"The problem is not because these diseases cannot be cured, but because they keep recurring, even on those who have been previously rid of parasites," Dr Santairi explained. Statistics taken between 1981 and 1982 indicate only a slight drop in the number of patients.

At Bueng Sawang, for instance, the number of patients was 66 per cent last year, but a year later after all the patients have been treated, 40 per cent of them repossessed the illnesses.

Medical treatment is not the sole answer although it can be used to complement other measures to promote a better health environment. "It's like fighting a war, but in this case tradition and a way of life are our enemy," Dr Santairi asserted.

Despite constant warnings, villagers have not resorted to other food and continue to eat raw fish (*Pro Ra*) which is commonly consumed in this part of the country. And the matter has been made worse by the plentiful supply of fishes around the dam.

A campaign to alter the life style, particularly consumption habits, of these people has not been successful. Words usually fall on deaf ears. That is why a large scale campaign is currently under way, hoping to attract greater attention and making villagers aware of the basic facts. Posters showing the danger of eating raw meat and fish have been erected in the villages, and movies emphasising sanitary food preparation are regularly shown to them.

The main obstacle is getting the natives to realise that they will have to help themselves for the most part because health officials can only do so much. There is still a degree of xenophobia among these villages where strangers are not readily accepted and where trust and friendship which are vital to carry out meaningful communication between officials and villagers have to be built on the basis of gifts and making acquaintances.

But, Dr Santairi is opposed to giving gifts to these villagers believing that such practices will make the

villagers think they just have to stick out their hand and help will be given. Instead, health officials have been sent out to meet them as frequently as possible to build a personal relationship.

"I don't want them to think that we're Santa Claus. We cannot really assist them if they don't cooperate and try to help themselves as much as they can. It isn't our intention to do everything for them. We want them to take the initiative, but with our advice and help," Dr Santairi explained.

Medical attention is not enough to solve the problem, he stressed. It is equally important to raise the hygiene standard of these villages. Villagers, therefore, have been encouraged to participate in improving the health environment of their villages and in a basic hygienic education programme.

They have been taught to build large water containers with a capacity of about 1,800 litres of rain water at a relatively cheap cost and lavatories to be used instead of bushes.

Claiming some degree of success, Dr Santairi said that almost all households of the villages under the project now have more than one water container and a lavatory. "By next year, every house will have its own lavatory," he hoped.

Animal raising has also been encouraged as an alternative source of food, but, according to one committee member of the village, most of the villagers are busily engaged in agricultural activities that do not have enough manpower or time to attend to animals.

Although the scope of achievement cannot be readily acclaimed, at least it is a start in the right direction.

But, Dr Santairi confessed that the project still fails to influence the villagers' life style especially their eating habits.

"We'll have to resort to other methods which will be effective enough to draw their attention to the changes. It's imperative to make these villagers realise that we cannot be there indefinitely," he said.

How far the battle can be won will greatly depend on the availability of financial support. This task force is estimated to remain in operation for no more than another two years because of lack of funds. Dr Santairi, nevertheless, expressed his gratitude to the German Government for providing financial assistance and sending its experts whose advice has been very beneficial to the project. The total financial aid from the German Government since 1978 has amounted to about 26 million baht.

BRIEFS

GERMAN MEASLES THREAT--PORT-OF-SPAIN, Trinidad, Sunday, (CANA)--Health authorities in Trinidad and Tobago say there has been a marked increase in the number of reported cases of German Measles here so far this year, but warned that there was no need for panic. An official of Ministry of Health, Dr. Norma Demas, said the authorities were embarking on an islandwide inoculation programme to counter the spread of the disease, in which emphasis will be placed on girls between the ages of nine and 10 years old. According to official statistics covering January to July, there were 172 confirmed cases of the disease against 25 for the corresponding period in 1981. The major areas in which the disease was reported were Caroni with 50 cases, and the capital, Port-Of-Spain, with 26 cases. Private doctors dealt with a total of 70 cases over the same period. According to her, if a woman contracted German Measles during the first three months of pregnancy, she ran the risk of giving birth to a child without ear, eye or other impairments. German Measles, Dr. Demas pointed out, showed a tendency for a two year cycle, and its effects were now hitting Trinidad and Tobago. [Bridgetown ADVOCATE-NEWS in English 20 Sep 82 p 3]

CSO: 5470/7501

NEW IMPETUS TO THE ANTI-INSECT CAMPAIGN IN KINSHASA

Kinshasa ELIMA in French 24 Aug 82 p 2

[Article by N'Zinga Nsingi: "New Impetus to the Anti-Insect Campaign"]

[Text] Begun on 3 May, the anti-insect campaign for the city of Kinshasa entrusted to the three contracting firms, Impexkin, Kinchim and Interpharm, has not yet achieved the desired momentum. This fact was established at the last joint session of officials from the National Program of Sanitation, the Urban Coalition for the Environment and for the Conservation of Nature and Tourism and those from the contracting firms, a meeting chaired by the director of the National Program of Sanitation, citizen Kabeya Mukenyiwa Mulumba. This meeting had been convened in order to evaluate the activities of the vast operation of insect removal over the past 3 months.

This delay, it seems, is due to the fact that these firms were paid only 2 weeks ago and that until then they had worked only with the means at their disposal. From now on, payment having been made, the operation of insect removal is given a new impetus. The director of the National Program of Sanitation took advantage of the situation to remind each party of its role, its duties as well as its rights, in accordance with the articles of the specifications relating to them. Thus the contracting firms henceforth will have to conform to the criteria established by the National Program of Sanitation with regard to manpower, equipment and cleaning materials whose content is determined on the basis of surface unit. These firms will have to provide weekly reports and to officially designate their delegates according to Article 21 of the specifications.

The National Program of Sanitation will assume technical control through servicing and supervising operations and studying and evaluating them. As to the Urban Coalition for the Environment, for Conservation of Nature and for Tourism, it will handle daily administrative supervision.

The people of Kinshasa who impatiently await the extermination of mosquitoes which ruin their sleep and their health, hope that the results of this vast operation of insect removal will prove to be very positive.

9661

CSO: 5400/5781

BRIEFS

BILHARZIA RATE IN CHILDREN--HARARE--One out of every two schoolchildren in the rural areas of Mashonaland suffers from bilharzia. This was found in a Ministry of Health nationwide survey on the incidence of bilharzia in the country. The survey has been in progress for a year and is to be completed within six months. Results obtained so far show that 50 percent of rural children between the ages of 8 and 10 have the debilitating, but easily-cured disease. Dr Paul Taylor of the Blair Research Laboratory said the survey was the first stage of a multi-directional approach to control and reduce bilharzia. Dr Taylor said that as development in Zimbabwe increased and new parts of the rural areas were opened for agriculture, the prevalence of bilharzia increased with the rise in water consumption. Education by village health workers, the provision of "safe" water, more toilets, better facilities for detection of the disease and easier access to treatment, were some of the ways in which Dr Taylor said the ministry envisaged reducing the incidence of bilharzia. Children were being taught about bilharzia at school and educational pamphlets were being distributed throughout Zimbabwe, he said. [Text] [Johannesburg THE CITIZEN in English 9 Oct 82 p 9]

CSO: 5400/19

COLOMBIA

BRIEFS

FOOT-AND-MOUTH DISEASE--Tunja--Foot-and-mouth disease has been detected in Boyaca Department and is threatening to spread to Santander. Several mayors reported the outbreak of the disease to the governor's office and veterinary health officials are working to stop the virus from spreading. If this disease continues to spread at its current speed, Santander Department will be affected within a week. This would involve approximately 2 million head of cattle. [PA271407 Bogota Cadena Radial Super in Spanish 1730 GMT 26 Sep 82]

CSO: 5400/2007

MOZAMBIQUE

BRIEFS

NIASSA ANTITRYPANOSOMIASIS CAMPAIGN--A large-scale campaign to combat trypanosomiasis, which is popularly known as sleeping sickness, will be launched shortly in Niassa Province. It will basically be carried out in Cuamba District. The campaign will be carried out by a team of the National Preventive Medical Services. It is aimed at fighting, and as far as possible eliminating, this sickness, which has stricken Niassa Province. The antitrypanosomiasis campaign has been delayed for 3 months because of the late arrival of vaccines. [Text] [Maputo Domestic Service in Portuguese 0500 GMT 25 Sep 82 EA]

CSO: 5400/17

SUGARCANE UNDER INSECT ATTACK; SOME SUCCESS REPORTED

Losses From Thrips

Bridgetown ADVOCATE-NEWS in English 16 Sep 82 p 1

[Article by Jewel Brathwaite]

[Text]

The Barbados sugar industry, currently undergoing severe pressures, is being attacked from another quarter. This time it is from the insects known as thrips.

News of this has come from entomologist Dr. Muhammad Munir Alam, who said that the presence of the pests here had come at a time when considerable progress had been made in bringing two other insects Root-Borer and Moth-Borer under control.

Dr. Alam said that thrips which originated in the Far East were first reported in Guadeloupe two years ago, and since then had appeared in Barbados, Antigua, St. Kitts, St. Vincent, Trinidad and Tobago and Guyana.

Dr. Alam said that the pests attack young plants and ratoon canes with the population concentrating in the central whorl, feeding in colonies near the margin, on the upper leaf surfaces, and causing necrosis to parts of the leaves.

He pointed out that the thrips were well distributed in the island and all young plants are being attacked.

He has not been able to ascertain the losses because of the greater mobility of the pests from the affected areas

to newly planted canes.

The entomologist noted that if there is good rainfall the plants will recoup from the damage.

"However if there is no rainfall there will be stress and some sugar will be lost," he added.

At present the source of introduction of the pests into the Caribbean is not known.

But according to Dr. Alam, "one may surmise that the insects may have been inadvertently introduced with infected plant material from the developed world, or may have travelled in strong air currents, such as those caused by Hurricane Allen in 1980, which originated from the West African coast."

He said that there were a large number of natural enemies in Barbados which can keep the pests under control, while efforts are being made to bring similar ones from Pakistan to assist with getting the pests under control.

Dr. Alam, an entomologist with the Caribbean Agricultural Research and Development Institute (CARDI), is based at the Sugar Research Technology Unit.

His programme of work is being sponsored by the Sugar Producers Association (SPA) which manages the industry here, and Barclays Bank

International.

The discovery of the pests in the canefields here is sure to raise concern, especially in the light of the problems which the industry is passing through.

Cane fires and low prices were among some of the factors which contributed for the reduced earnings from this sector for the second consecutive year, following the BDO\$115 million which the country earned two years ago from sugar.

Gains Against Borers

Bridgetown ADVOCATE-NEWS in English 17 Sep 82 p 2

[Text]

Entomologist Mr. Muhammad Alam has reported considerable progress in bringing under control the root-borer and moth-borer insects which attack sugar canes.

He said that in the case of the moth-borer the country was now saving 15 000 tonnes of sugar annually as a result of the almost total elimination of that pest.

He made the announcement while giving an update on work to rid Barbados of the pests which attack the country's number two hard currency earner.

"Sugar cane root-borers are under control because of a number of factors involved in the ecology of the island," he pointed out.

He explained that the pest has a tendency to build up high population every 10 to 12 years, and given time the predators also build up theirs bringing the pest population under control.

The CARDI official noted that over the last two to three years the population had reduced significantly, but experiments on the chemical control of the root-borer were continuing.

In addition some attempts are being made to introduce exotic larval parasites from the United States to continue the fight," Alam said.

The root-borer had been a source of concern to sugar industry officials here following attacks on canes mainly in the low rainfall areas of the south of the island.

Mr. Alam said considerable work was done in bringing the moth-borer down to manageable levels. This now stands at four per cent.

He noted that an upsurge in cane fires and changes in sugar cane varieties gave rise to an increase in the incidence of the pest.

CSO: 5400/7502

ANTI-LOCUST CAMPAIGN LAUNCHED

Djibouti LA NATION DE DJIBOUTI in French 9 Sep 82 p 4

[Article: "Operation 'Punch' Against Locusts"]

[Text] In the Orthoptera group, the locust (popular translation of acridian) counts as one of the most dangerous threats to the realization of the agricultural development objectives of some 60 countries (Africa, Middle East, Asia and South West Asia), covering altogether an area of 30 million square kms and including one-fifth of the world population.

Entomologists, using the characteristic of sedentariness as a criterion, divide the Acrididae into two large families:

--grasshoppers: a term designating gregarious Acrididae, apt to change their habits when their numbers become large.

--locusts: on the other hand includes all the nongregarious Acrididae which are usually sedentary.

The species which has recently invaded the Republic of Djibouti, known under the general term of arboreal locust, is a member of the latter family.

Contrary to the major migratory species, whose attacks are always savage and massive, the damage caused by locusts is minor at first, then becomes increasingly severe as new individuals reach the mature stage.

The abundant rains of February-March 1982, and the good rainfall that continued through mid-May created conditions favorable to the concentration and reproduction of Acrididae in the south of the country, and particularly around the Atar-Loyada area.

Land prospecting carried out jointly in April by the Department of Agriculture and the Desert Locust Control Organization for Eastern Africa [DLCO-EA] over this common area led to the discovery of the presence of many mature alates.

Land treatments carried out jointly with a DLCO-EA team during the last 2 weeks of April in the Douba-Atar-Loyada area produced good results, thus obviating the danger of an eventual invasion.

Again, towards the end of July, a team of agricultural technicians from the Atar project reported the presence of a large population of Acrididae in the area. Probably coming from neighboring countries, these locusts, for the most part arboreal locusts, quickly reached the city of Djibouti and its outskirts as well as the large wadis of the southern districts.

Having taken into account the gravity of the situation, the minister of agriculture and rural development, also president of the DLCO-EA as of 1 July 1982, made an appeal to the organization which was not long in being heard. A team of antiacridian specialists and an aerial treatment plane then took part in the operation for dealing with the locusts.

In the course of aerial spraying carried out from 27 to 30 August over the entire infested area, 1,200 litres of malathion and 600 litres of fenitrothion were sprayed over an area covering approximately 15,000 hectares. These large scale treatments brought the infestation under control.

One could not avoid noticing the swarms of dead or dying insects lying on the ground after the spraying.

It is also worth mentioning in passing, that the spreading of multiple purpose insecticides resulted in reducing considerably the mosquito population, thus contributing to the struggle against malaria carried on by the Ministry of Health.

9824

CSO: 5400/5782

FARMERS' ATTITUDES INTERFERING IN MOKO ERADICATION

Bridgetown ADVOCATE-NEWS in English 14 Sep 82 p 3

[Text]

ST. GEORGE'S, Grenada, Monday (CANA) — The head of Grenada's Moko eradication team, James Marrast, has said farmers attitudes are continuing to pose a severe threat to the efforts aimed at curtailing the spread of the banana disease.

Marrast, in a radio broadcast, said that farmers throughout the country have lost interest in the fight against Moko.

Mr. Marrast said that the disease was so severe that between June and July about 27 803 banana plants had to be destroyed because of the disease and that since it was first observed in the country in 1978 a total of 161 800 plants have been destroyed.

He said that although the eradication team had undertaken a number of initiatives aimed at drawing public awareness to the dangers of the disease, the fact remained that they have not been able to achieve the level of interest expected.

Moko disease which is now

widespread in the northern part of Grenada broke out four years ago and in 1980 the government established a Moko eradication team within the Ministry of Agriculture to combat it.

The Grenada Government has also passed legislation giving extension officers the right to enter banana fields affected by the disease institute control measures, as well as for farmers to report suspected cases of Moko to the Ministry of Agriculture, the Grenada Banana Co-operative Society and the Moko eradication team.

Mr. Marrast said many farmers were not making any effort to stop the spread of the disease and were engaged in the practice of replanting bananas in affected fields before the required recovery period.

Other planters threatened members of the eradication team while others failed to use sterilisation equipment in fields known to be affected by Moko, he added.

CSO: 3298/015

BRIEFS

ELIMINATION OF COTTON PLANTATIONS--Cotton plantations constitute a danger. The Ministry of Agriculture may require owners to destroy 8,000 cotton fields that are infested with pests in Escuitla, in order to protect neighboring plantations, according to the minister of agriculture, engineer Leopoldo Sandoval Villeda. The official was questioned by journalists regarding a petition presented to the government by cotton dealers, who asked for economic aid to combat the pests that have propagated on the above mentioned plantations. The Ministry of Economics decided not to intervene. It was advised that the proprietors of enterprises seek a suitable solution. One would be to combat the pests immediately or to destroy the plantations. Minister Sandoval said that the deadline has come for eradication of the insects, since they could multiply and affect neighboring plantations, in view of the coming of winter. A plant health inspector went to the above mentioned area in order to check on the present situation in these sown fields. Based on his report, the ministry will express an opinion on what it considers most advisable. It is hoped that by next week a definitive solution will be reached. If the situation indicates that it is necessary, the ministry will require the destruction of planted cotton fields in order to prevent pests from increasing and endangering other cotton fields. The minister said that the government definitely will not be able to give any economic aid to combat the pests. The cotton dealers in question can avail themselves of lines of credit that are open to them in private banks. "In addition, we know that those who have been affected have asked for aid from the Bank of Paris, which is the institution that financed these agricultural activities." [Text] [Guatemala PRENSA LIBRE in Spanish 18 Sep 82 p 4] 8255

CS0: 5400/2000

BRIEFS

TOBACCO BLUE MOLD--The authorities of the National Agrarian Institute (INA) have detected the presence of "blue mold" in the tobacco fields of the eastern part of the country, which is diminishing the production of this item of vital importance for that sector, reported Luis Rodriguez, chief of the Tobacco Cultivation Project of that state organization. In the face of that situation, various companies that are located in the Jamastran Valley might have to terminate their operations, owing to the losses caused by this scourge that makes it difficult for plants to grow. Also, the previous year a moderate amount of another fungus known as Black Shal was detected in the same area. Owing to the above, the INA authorities are taking the necessary steps to control the disease, by carefully selecting and sowing nursery plants during the dry period. In conclusion the official said that tobacco growers throughout the entire country should not sow during the rainy season, since fungus develops in dampness. [Text] [Tegucigalpa LA TRIBUNA in Spanish 31 Aug 82 p 2] 8255

CSO: 5400/2221

BRIEFS

LOCUST SWARM ALERT--Pune, September 21 (PTI)--A telegraphic alert has been sent out by Maharashtra to the governments of Gujarat and Madhya Pradesh about a locust swarm which reportedly crossed into India on the Indo-Pakistan border near Khokurpur. The message about the movement of the locust--the dreaded short horned grasshopper which consumes all vegetation--was received by the Bombay city police control yesterday evening. It was subsequently passed on to the Maharashtra directorate of agriculture here. According to information available at the directorate, the message was apparently sent by Lahore and aircraft from both the countries were tracking down the swarm in a bid to kill them by spraying chemicals. As a precautionary measure, Delhi, Gujarat and Madhya Pradesh were telegraphically informed about the possibility of the locust migrating into the west zone. In spite of the gravity of the message, the directorate appeared to be doubtful about the eastward movement of the locust as New Delhi had no information about the movement of the locust swarm. Meanwhile, the directorate was in the process of alerting the plant protection authorities in Maharashtra to take adequate precautionary measures to ward off the possible threat. [Text] [Bombay THE TIMES OF INDIA in English 22 Sep 82 p 9]

CSO: 5400/7009

BRIEFS

STEM WEEVIL THREAT--Drought conditions in Canterbury have highlighted the threat posed by Argentine stem weevil to pasture growth. The Ministry of Agriculture and Fisheries' agricultural research division reports that local population densities of the pest are some ten times greater than those recorded in the Waikato where it is still considered to be causing serious pasture loss. Flights by adult Argentine stem weevils in Canterbury are so intense and frequent that insecticidal control is impracticable in most situations, according to the division. In Canterbury, the problem is complicated by widespread occurrence of ryegrass staggers on pastures in which the presence of the *Lolium* endophyte fungus has induced resistance to Argentine stem weevil. The division says hard summer grazing, such as occurs under drought conditions in Canterbury, increases the risk of ryegrass staggers. If ryegrass is grown free of the *Lolium* endophyte fungus, however, it becomes highly susceptible to attack by Argentine stem weevils. The adult weevils chew chunks of leaf tissue of the grass blades and the larvae cause damage by tunnelling inside vegetative and flowering tillers. [Text] [Christchurch THE PRESS in English 10 Sep 82 p 19]

CSO: 5400/9092

BRIEFS

COFFEE BERRY DISEASE--THE Coffee Authority of Tanzania (CAT) intends to spend about 140 million /- in 1982/83 to combat coffee berry disease (CDB) in the country. This was said by the CAT Executive Chairman, Ndugu Sangito Kaaya when welcoming the Minister for Agriculture, Ndugu John Machunda, to address coffee growers who had gathered at the Lyamungo Agricultural Research Institute last Thursday. [Text] [Dar es Salaam SUNDAY NEWS in English 26 Sep 82 p 1]

CSO: 5400/9

WARNING ISSUED ON POSSIBLE LOCUST PLAGUE

BK080256 Bangkok Domestic Service in Thai 0000 GMT 7 Oct 82

[Excerpts] Dear listeners, for our program on economy for the people this morning, we have received words from Mr Wichai Khusakun, an expert of the agricultural technical department, in connection with the current outbreak of locusts which have ravaged paddy and other crops of the people in Chum Saeng, Nong Bua and Phai Sali districts, Nakhon Sawan Province. The danger from this type of locust is very serious since they can spread through breeding in a short period of time. It is possible that a real plague can break out in about 1 or 2 months from now. The agricultural technical department would like to advise the farmers in the above-mentioned areas of the following steps to be taken.

If farmers find young locusts in any areas, they should immediately inform anti-pest officials or Agriculture Ministry officials attached to district or tambon offices. The officials will carry out eradication operations for the farmers. However, owing to the limited number of officials, farmers and owners of the fields must spray insecticide by themselves. In order to eliminate young locusts, insecticide mixed with molasses, which is used as bait, is sprayed on the areas. The composition of the insecticide is as follows: 85 percent (carbariel) powder, mixed with about 20 tablespoons of water. Use 20 litres of water for every 2 litres of molasses. The insecticide must be sprayed on the plants or grass lived on by the locusts. Animals must be kept away from the sprayed areas for about 10 to 15 days for fear that they might be poisoned from the insecticide. Although this kind of insecticide poses very little danger to domestic animals, farmers must use great care in using it.

CSO: 5400/4311

BRIEFS

FIGHT AGAINST PESTS--More than 29,000 hectares of rice in Hai Hung are being damaged by leaf rollers, stem borers and brown leafhoppers. To create conditions for cooperatives and member families to prevent and control pests, the province has supplied them with an additional 30 electric-powered spraying tanks, hundreds of insecticide spraying tanks, 10 tons of insecticide, and 67 tons of gasoline and oil. Provincial and district pest prevention and control teams have been set up to help the cooperatives in heavily affected areas. Thousands of families have saved thousands of hectares of rice by maintaining a reasonable water level in the fields, scattering diesel-soaked sand on riceplants, and stirring their tops with sticks. The Districts of Tu Loc, Ninh Thanh, My Van, Chau Giang and Kim Thi have exterminated pests in many areas, one by one, in coordination with using kerosene lamps to entrap moths and exterminating the newly hatched ones. Through assigned cooperative cadres and plant protection team members, and along with cooperative members' families, Thanh Hai (Nam Thanh), Phung Hung, and Gia Tan (Tu Loc) cooperatives have detected and neatly exterminated pests. [Text] [Hanoi NHAN DAN in Vietnamese 19 Sep 82 p 1] 9213

CSO: 5400/4303

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